

04/04/2014

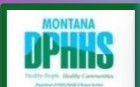
2014-04-04

Updates from the MT  
Laboratory Services

Bureau

800-821-7284

[www.lab.hhs.mt.gov](http://www.lab.hhs.mt.gov)



## Shipping Monday! CAP LPX Survey Set A

The CAP LPX survey Set A will be shipped to participating laboratories on Monday, April 7<sup>th</sup>. The instructions included have been altered slightly to account for the changes to ASM Sentinel Laboratory guidelines, so please take a few moments to review them, along with the new guidelines, which can be accessed at [asm.org](http://asm.org).

This survey is used as an exercise to assess your laboratory staff's ability to perform sentinel laboratory responsibilities, and has three parts.

1. Using the ASM sentinel laboratory guidance, determine whether the organism can or cannot be ruled out as a select agent.
2. Prompt notification of the Montana Public Health Laboratory (MTPHL), and any internal notifications that may be part of your protocol, of those isolates that cannot be ruled out.
3. Proper packing and shipping of the suspect isolates to the Montana Public Health Laboratory.

Since these shipments are evaluated only for proper packaging and shipping, they are not opened as received. In addition to address and UN designation, please mark the box to identify its contents as LPX survey samples and **DO NOT include patient cultures or other specimens in the box!**

If you have questions regarding this exercise, please contact Lana Moyer, [lmoyer@mt.gov](mailto:lmoyer@mt.gov), or Crystal Poppler, [cpoppler@mt.gov](mailto:cpoppler@mt.gov), or call 800-821-7284.



## Call for Data

Please send in your 2013 antimicrobial susceptibility testing (AST) data if you have not already done so. If you did not receive the 2013 AST Tool or have any other questions or concerns, please contact Eric Bruder in the MT Public Health Laboratory (Ph: 444-0695; E-mail: [ebruder@mt.gov](mailto:ebruder@mt.gov)).

## Training Opportunities:

### CACMLE Resistance Mechanisms Webinar Series

The series provides vital information on the resistance mechanisms of the MY SPACE organisms and was very well presented by Dr. Paul Schreckenberger. If you would like to view this series, please contact: Christie A. Grueser, Program Coordinator at Colorado Association for Continuing Medical Laboratory Education, Inc., [christieg@cacmle.org](mailto:christieg@cacmle.org), ph: (303) 321-1734.

### Microscopy: Free Continuing Education Available on [CDC-Train](http://CDC-Train)

Basic Microscopy: Course One of the Basic Microbiology Curriculum  
Sponsored by the Centers for Disease Control and Prevention Laboratory Training Branch

**Description:** To function effectively in a microbiology laboratory, laboratorians must have a basic knowledge and understanding of the components, setup, procedures, and care and maintenance of a brightfield (compound) microscope. This eLearning course will instruct participants on the importance of a correctly setup brightfield microscope for the identification of microorganisms.

Routine Microscopy Procedures: Course Two of the Basic Microbiology Curriculum  
Sponsored by the Centers for Disease Control and Prevention Laboratory Training Branch

**Description:** This eLearning course is designed to familiarize laboratorians with routine microscopy procedures used in the microbiology laboratory. Laboratorians will explore the required steps for a smear preparation as well as the requirements for preparing and interpreting the results of Gram stains, wet mounts, potassium hydroxide (KOH), and India Ink procedures.

## Montana Communicable Disease Weekly Update

Release date: 4/4/2014



### DISEASE INFORMATION

**Summary – MMWR Week 13 - Ending 3/29/2014** Preliminary disease reports received at DPHHS during the reporting period March 23–29, 2014 included the following:

- **Vaccine Preventable Diseases:** Influenza hospitalizations (2), Pertussis (5), Varicella (1)
- **Invasive Diseases:** Meningococcal disease (1)
- **Enteric Diseases:** Campylobacteriosis (2), Giardiasis (2), Salmonellosis (2), Shiga-toxin producing *E. coli* [STEC] (1)
- **Hepatitis:** (0)
- **HIV Disease\*\*:** (1)
- **Vector-borne Diseases:** (0)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)

\* Weekly updated Montana Influenza Summary is included as link in the Influenza section of this update.

\*\* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

### HOT TOPICS

**Norovirus strikes again!:** After a somewhat normal norovirus season, several reports of acute gastroenteritis (AGI) outbreaks have been reported to DPHHS. We have also received numerous comments regarding the presence of AGI in communities statewide. Within the past two weeks, four different counties reported suspected norovirus outbreaks, one of them confirmed the causative agent as norovirus GII. Please be aware that the season is not over yet. Reach out to your surveillance partners, raise awareness and reach out to DPHHS for guidance and reporting. Resources are available on SharePoint.

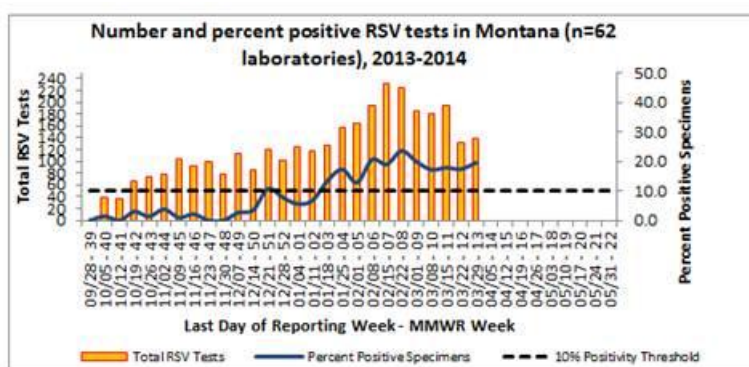
**Measles in Washington:** We are hearing of 7 confirmed cases of Measles in Washington, but there is **NO indication of cases in Montana**. In addition, there was an individual that attended a concert and other public venues in Seattle while infectious. Washington State did a press release [Whatcom Co. Measles Case Potential Public Exposures press release](#). All of the cases in Washington are reported to be unvaccinated. This is likely the most important point. We now have a report of one of our Montana residents who attended the concert contacting one of our county health jurisdictions asking about their risk as messaging is out in Washington on this.

Overall, this is a non-event for Montana public health, at this point, however, you could get similar calls. If local health jurisdictions do get any calls, contact us after asking the people how they knew about their risk. If providers call you know what to do in terms of determining if people are reacting to shotgun messaging or specific exposure messaging.

We do recommend slightly increased awareness among Montana Health Care Providers to the potential of measles as they see patients. This isn't new as Lethbridge Alberta itself has had an ongoing situation since last year that we mentioned earlier, but we are now seeing increased awareness in our public. So an increased level of awareness within healthcare is warranted along with a strong vaccination message but nothing more at this point. It is also worth addressing as part of your weekly active surveillance calls with key surveillance partners.

**Respiratory Syncytial Virus (RSV):** [The 2013-2014 RSV season in Montana continues with an uptick this week.](#) All regions in Montana are at seasonal activity at this time with at least one confirmed laboratory result reported. Weekly updates and additional RSV and RSV prophylaxis information can be found at [www.rsv.mt.gov](http://www.rsv.mt.gov).

- [DPHHS has seen a severe drop in the number of labs required to report RSV lab results. We barely hit 50% this week! Please remind labs in your jurisdiction to report weekly RSV results directly to DPHHS using the new web-based system. Reporting is not optional for them!](#)
- [RSV reporting for the 2013-2014 season will end June 1, 2014.](#)
- [The Montana Medicaid Drug Prior Authorization Program began authorizing RSV chemoprophylaxis on December 1, 2013.](#)

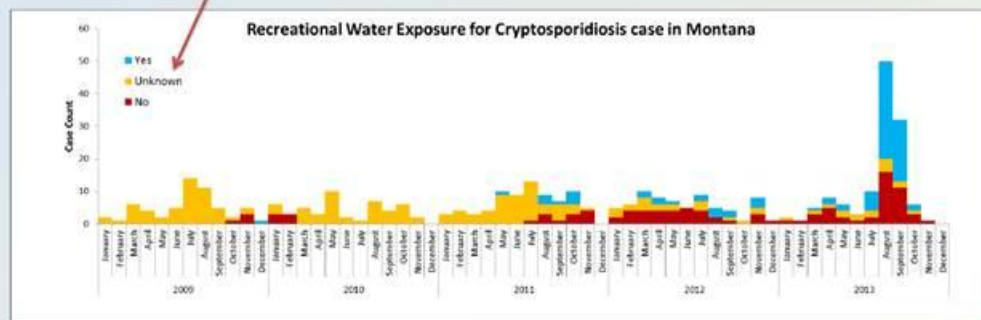


**Salmonella Pulse field electrophoresis (PFGE):** In 2014 our laboratory has already identified five salmonella matches. One of those matches was linked to a multi-state outbreak most likely associated with reptile exposures; another linked two individuals within a household. Epidemiological analyses among the other three matches did not reveal any clues, other than geographic proximity. These matches are great examples of the importance of receiving specimen isolates and performing PFGE on them. Early detection is the key! We were able to review epidemiological data on these cases to assess if there were any connections that would have warranted an outbreak investigation.

**Look What You Did:** Eradication of “unknowns” is getting close to being achieved in relation to water exposures as it applies to Cryptosporidiosis. It might seem like something small and in the weeds, but as noted, it is a very important to epidemiology. It also shows you, how closely we are looking at quality indicators to continually improve our systems. You doing a good job of simply asking since mid 2011 is but another indicator of how our surveillance systems are improving and you, as local CDEpi nurses and staff are the ones who make it happen. You can see that the improvements in outbreak reporting processes were the tools, but you are the ones that used them to sharply improve our performance.

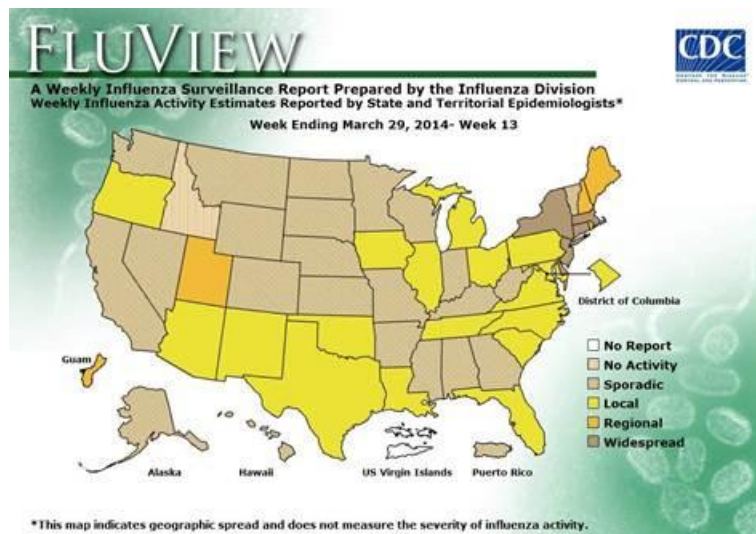
# Completeness data

Compare *unknown* data, versus *yes/no* data



This is **HUGE** for epidemiological analyses

**2013-2014 Influenza Season:** Influenza activity in Montana continued to decline during the week of March 23–29, 2014, with a total of 11 cases reported. Season to date 3,085 cases, as well as 294 hospitalizations and 7 deaths attributed to influenza have been reported to DPHHS. Idaho is the first state to report “no activity” this season. We are not there and do not anticipate having no activity for awhile yet. For the week ending March 22<sup>nd</sup>. [Flu activity](#) is low in the United States, but some flu illness is still being reported. CDC recommends that vaccination efforts continue as long as flu viruses are spreading. And remember that flu [antiviral drugs](#) are a second line of defense to treat flu illness. People at [high risk of serious flu illness](#) should call a health care provider if they get [flu symptoms](#).



The most recent issue of the Montana Influenza Summary is attached and available at:

<http://www.dphhs.mt.gov/influenza/influenzaactivity.shtml>

For more information, the CDC FluView web page can be viewed at <http://www.cdc.gov/flu/weekly/>

## **INFORMATION/ANNOUNCEMENTS**

**The Chicks Are Here:** Word is out and the chicks are here. Check out your local feed stores and if you haven't already, see if they are using the materials, soaps and hand cleaners sent out. Anecdotal feedback so far is very positive.



## **24/7 AVAILABILITY**

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

***This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>***